

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28448

1. PLACE OF DEATH

County.....

Registration District No. **581**

Township.....

Primary Registration District No. **70003**City **St. Louis mo.** (No. **Barnes Hospital**)

File No.

Registered No. **6685**

St. Ward)

2. FULL NAME **George Meyers**(a) Residence, No. **1226 Victory St.** St. **17** Ward. **Hilton Ln.**

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept 9 - 1882

7. AGE

YEARS

50

MONTHS

7

DAYS

22

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Cemetery attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Vallejo County

10. Date deceased last worked at this occupation (month and year)

May 10 - 1933

11. Total time (years) spent in this occupation

1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Fieldon Ill

FATHER

13. NAME

Henry Meyers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

MOTHER

15. MAIDEN NAME

Wink

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

17. INFORMANT (ADDRESS)

**Wm. Meyers
Alton Ill**

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Alton Ill

DATE

8 - 4 - 33

19. UNDERTAKER (ADDRESS)

**Bauer & Boehn
Alton Ill**20. FILED **Aug - 2 - 1933****J. F. Bredeck**

Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

8 - 1 - 193322. I HEREBY CERTIFY, That I attended deceased from **7 - 18 - 1933**, to **8 - 1 - 1933**.I last saw him alive on **8 - 1 - 1933**. Death is said to have occurred on the date stated above, at **3:35 a. m.**

The principal cause of death and related causes of importance were as follows:

Idiopathic myocarditis**Carcinoma of thyroid****53 F****66 B**

Other contributory causes of importance

Myocarditis chronic

Date of onset

20 yrs.

2 months

4 yrs.

Name of operation

Date of

What test confirmed diagnosis? **B.M.R.** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify

(Signed)

Carl V. Moore

, M. D.

(Address)

BARNES HOSPITAL

